

PARCEL # \_\_\_\_\_

PERMIT # \_\_\_\_\_

# Town of Winneconne

## MECHANICAL APPLICATION & PERMIT

Owner(s) \_\_\_\_\_ Phone \_\_\_\_\_

Project Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Contractor License # \_\_\_\_\_

Contractor's Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

Type of Occupancy \_\_\_\_\_ Square Footage of Project \_\_\_\_\_

Project Description \_\_\_\_\_ Project Cost \_\_\_\_\_

<b>ELECTRIC</b>	New Service _____ amps		
	Service change from _____ amps to _____ amps		
	Service Type (circle):      Overhead      Underground		
	Phases _____ Voltage _____ Meters _____		
	<b>RESIDENTIAL:</b> New/Additions/Remodels/Accessory Bldgs \$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____		
	<b>COMMERCIAL:</b> New/Additions/Remodels \$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____		
<b>SERVICE CHANGE:</b> \$ 60			

<b>HVAC</b>	<b>HVAC EQUIPMENT</b>		<b>ENERGY SOURCE</b>	
	<input type="radio"/> Forced Air Furnace		<input type="radio"/> Natural Gas	
	<input type="radio"/> Radiant Baseboard or Panel		<input type="radio"/> L.P.	
	<input type="radio"/> Heat Pump		<input type="radio"/> Oil	
	<input type="radio"/> Steam Boiler		<input type="radio"/> Electric	
	<input type="radio"/> Hot Water Boiler		<input type="radio"/> Wood	
<input type="radio"/> Central Air Conditioning		<input type="radio"/> Coal		
<input type="radio"/> Other		<input type="radio"/> Solar		
<b>RESIDENTIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____		
<b>COMMERCIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____		
<b>RESIDENTIAL / COMMERCIAL:</b> Furnace or AC Replacement		\$ 40		

<b>PLUMBING</b>	<b>RESIDENTIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____	
	<b>COMMERCIAL:</b> New/Additions/Remodels		\$ 45 base + (\$ 0.03 x _____ Sq Ft) = \$ _____	
	<b>LATERALS: (sizes)</b>	<b>SANITARY</b>	<b>WATER</b>	
	From Main to Property Line	_____	_____	
	From Property Line to Building	_____	_____	

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**BUILDING INSPECTOR: Tom Spierowski**  
 Office (920) 836-2007    Mobile (920) 428-3361  
 Email [buildinginspector@townofclayton.net](mailto:buildinginspector@townofclayton.net)

**PAYABLE TO:** Town of Winneconne  
 8348 CTH T  
 Larsen, WI 54947

Building Inspector Signature \_\_\_\_\_

Date \_\_\_\_\_